



## ***Kansas Propane Safety and Licensing***

### **Class 1 – Dealer License - \$175**

Required for the retail distribution of liquefied petroleum gas

Full Company Name: (include DBA)			
Business Street Address: Street/City/State/Zip			
Business Mailing Address: (if different from above)			
Business Telephone:	(    )	Federal ID Number:	

*Provide information for the primary contact person for the license:*

Name (Last, First)		Title	
Office Phone	Cell Phone	Home Phone	Fax Number

*List of officers, partners or owners: Check one: ☐ Corporation/Association   ☐ Partnership   ☐ Sole Proprietor*

Name	Title	Address	Zip

Insurance Company Name:				
General Liability	Policy No.	Expiration Date	Automobile Liability	Policy No.
				Expiration Date

***If any requested information is not known at the time of application, enter "not known" in the appropriate blank.***

*List all branches operating in Kansas:*

City	Physical and Mailing Address	Telephone No.

*List all managers:*

Name	SSN	Branch or Location

*List all other employees:*

Name	SSN	License Class and No.	Branch or Location

**DO NOT WRITE IN SPACE BELOW**

License No.		Expiration Date:		Date Issued:		Processed by:	
-------------	--	------------------	--	--------------	--	---------------	--

List all bobtails operating in Kansas and base location:

License Plate Number	Location

License Plate Number	Location

List all transports operating in Kansas and base location:

Note: If these transports are operating under a separate Class 2 license, do not list them here.

Number	Location

Number	Location

List all cylinder delivery trucks operating in Kansas and base location:

Number	Location

Number	Location

List all storage facilities, satellite storages, their size and location:

WC Gallons	Town or Nearest Town	Physical Directions

List all dispensers (pump connected to container) that are owned by Class 1 license holder:

WC Gallons	Operator or Class 7 License Holder	Town or Location

Check the following services you will perform in Kansas:

<input type="checkbox"/>	Retail Deliveries	<input type="checkbox"/>	Cylinder Exchange Program	<input type="checkbox"/>	Sell Cylinders or Containers
<input type="checkbox"/>	Wholesale Deliveries	<input type="checkbox"/>	Install LP Gas Systems	<input type="checkbox"/>	Sell or Service Appliances
<input type="checkbox"/>	Fill Cylinders	<input type="checkbox"/>	Rent LP Gas Containers	<input type="checkbox"/>	Sell or Service RVs or Mobile Homes
<input type="checkbox"/>	Fill Motor Fuel	<input type="checkbox"/>	Alternative Fuel Installations	<input type="checkbox"/>	Manufacture or Assemble LP Gas Systems

Read and initial the following:

<input type="checkbox"/>	We have read the Kansas statutes and rules that regulate this license and will abide by them.
<input type="checkbox"/>	We understand that all Class 1 managers shall be full-time employees.
<input type="checkbox"/>	We understand that this license is non-transferable and any change in name or ownership will be reported to the Kansas State Fire Marshal's Office.
<input type="checkbox"/>	We understand that all employees that dispense LP Gas shall hold CETP certification or KSFMO class certificate for the assigned duties.

I certify that this information is true and correct. Any false or fraudulent statement or failure to comply with the rules and regulations promulgated by the Kansas State Fire Marshal's Office or K.S.A. \_\_\_\_\_ shall be cause for suspension or revocation of the license held.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** Kansas State Fire Marshal's Office  
700 SW Jackson St, Suite 600  
Topeka KS 66603-3714

Phone: (785) 296-3401  
Fax: (785) 296-0151

*Include check payable to:* Kansas State Fire Marshal's Office

(Note: This app needs to include training requirement verification.)